FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR LINIFORM LIMITED OFFERING EXEMPTION**



DATE RECEIVED

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~ ` 	ent and name has changed, and indicate change.)	PULL GENED WAY
Series A-1 Preferred Stock Offering		
Filing Under (Check box(es) that apply): Rul Type of Filing: New Filing Amendment	e 504 Rule 505 Rule 506 Section 4(6)	ULOE APR 0 4 2005
	A. BASIC IDENTIFICATION DATA	The state of the s
1. Enter the information requested about the issue		<u>\\\\\\\\\</u>
Name of Issuer (check if this is an amendment :	and name has changed, and indicate change.)	
NanoHorizons, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
Technology Center, Suite 208, 200 Innovat Address of Principal Business Operations	(Number and Street, City. State, Zip Code)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
if different from Executive Offices)	(inumber and street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business	७ विष्युच्यात् सुर्वाद्यक्षे द्वित्यक्षात्र व्यक्ष्यात्रकात्र स्था त्रात्तात्र स्थापत्र व्यक्षित्रकारा । १००० व व	
Develops products for the nanotechnology	business	PROCESSE
Type of Business Organization		APR 0 7 200
	d partnership, already formed other (p	leace enecifu):
	partnership, to be formed	THOMSON FINANCIAL
7d(6).	ities in reliance on an exemption under Regulation D or 5 days after the first sale of securities in the offering	
and Exchange Commission (SEC) on the earlier of the which it is due, on the date it was mailed by United S	e date it is received by the SEC at the address given be states registered or certified mail to that address.	low or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Com	mission. 450 Fifth Street. N.W. Washington, D.C 20	549.
Copies Required: Five (5) copies of this notice must bhotocopies of the manually signed copy or bear type	be filed with the SEC, one of which must be manually dor printed signatures.	signed. Any copies not manually signed must be
	information requested. Amendments need only reponaterial changes from the information previously suppl	
Filing Fee: There is no federal filing fee.		
state: This notice shall be used to indicate reliance on the JLOE and that have adopted this form. Issuers reliate to be, or have been made. If a state requires the	Uniform Limited Offering Exemption (ULOE) for saying on ULOE must file a separate notice with the separate notice with the separate notice with the separate of a fee as a precondition to the claim for the appropriate states in accordance with state law.	Securities Administrator in each state where sale in the exemption, a fee in the proper amount shal
	ATTENTION —	
	ates will not result in a loss of the federal e n a loss of an available state exemption unle	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

SEC 1972 (6-02)

				BASIC IDI	ENTIF	FICATION DATA				
2. Enter the information re	quest	ed for the fol	llowin	g:						
• Each promoter of the	issue	r, if the issu	er has	been organized wi	thin th	ne past five years,				
<u>-</u>							, 10%	or more of	a class	of equity securities of the issue
• Each executive office										
• Each general and ma			-		•					
<u> </u>		D		D C:10		F O.C.		D: .		C 1 1/
Check Box(es) that Apply:		Promoter		Beneficial Owner	×	Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if	indivi	idual)								
Burlinson, Robert F.					jert.		ere Hang	all Per	ŦX.	
Business or Residence Addre	ss (N	umber and S	treet,	City, State, Zip Cod	e)	× *				
c/o NanoHorizons, Inc.	Tec	hnology C	enter	, Suite 208, 200	Innov	vation Bouleyard	, Stat	e College	e, PA	16803
Check Box(es) that Apply:		Promoter	X	Beneficial Owner	26	Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if	indivi	idual)			<u></u>					
Fonash, Stephen J.	si Ziii	Hagis Ita					3 0.8			
Business or Residence Addr	ess (N	umber and S	treet,	City, State, Zip Cod	e)			<u> Mattayur in </u>	<u> </u>	
c/o NanoHorizons, Inc.	189,000,00	· · · · · · · · · · · · · · · · · · ·	agranger i ngrega.	CONSTRUCTOR OF EXPLICATION OF THE CONTRACT	epitor S. C. C. C.	vation Boulevard	Stat	e College	e. PA	16803
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if	indivi	idual)					_			
Fonash, Peter										
Business or Residence Addr	ess (N	umber and S	treet,	City, State, Zip Cod	e)					·
c/o NanoHorizons, Inc.	, Tec	hnology C	enter	, Suite 208, 200	Innov	vation Boulevard	, Stai	e College	e, PA	16803
Check Box(es) that Apply:		Promoter	X	Beneficial Owner	<u></u>	Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if	indivi	idual)								
Frymoyer, Edward		ngsii 2011 S							(M.J.)	
Business or Residence Addr	ss (N	umber and S	treet,	City, State, Zip Cod	e)		.(d)14.11.	onebedy or	<u> </u>	
c/o NanoHorizons, Inc.			Secretaria de la composición de la comp	Commence of the control of the contr	egraci	vation Boulevard	Sta	e College	e. PA	16803
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if	indivi	idual)		· · · · · · · · · · · · · · · · · · ·						
Mahajan, Suresh Business or Residence Addr	ni ir	umber and S	itraat	City State 7 in Cod))					
c/o NanoHorizons, Inc.		A THE SHARE STATE OF THE STATE	appearance of	NA POZNOSED STANIKACIA I PO CONORDEZNA OCOS SPREMISED	egyapen a saa	ration Boulevard	Stat	a Collago	DA.	16803
Check Box(es) that Apply:	, <u>100</u>	Promoter	CITTO	Beneficial Owner	rinto.	Executive Officer	, Juan	Director	<u>, , , , , , , , , , , , , , , , , , , </u>	General and/or
Check Box(cs) that Apply	لئا	riomotei		Deneticial Owner		Executive Officer		Director	لنا	Managing Partner
Full Name (Last name first, it	indiv	idual)								
				i jednot vija veški						
Business or Residence Addr	ess (N	umber and S	treet,	City, State, Zip Cod	le)					
				. Januari da						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	indiv	idual)								
					vere.					
Business or Residence Addr	ss (N	umber and S	Street	City, State, Zip Cod	le)		32			<u> 8. l 1.55 (4. k.) - 1 1. 115 - 115 - 1</u>
									Carrier I	Gereganista
<u> </u>		(Use bla	ink sh	eet, or copy and use	additio	nal copies of this she	et, as	necessary)	·	

				В.	INFORMA	ATION ABO	OUT OFFEI	RING				
I . Has the	issuer so	ld, or does	the issuer	intend to s	sell, to non	-accredite	d investors	in this off	ering?		Yes	No 🔀
			A	nswer also	in Append	dix, Colum	ın 2. if filin	g under U	LOE.		w.	***
2. What is	the minir	num inves	tment that	will be acc	cepted from	n any indi	vidual?					
3. Does th	ne offering	g permit jo	int owners	hip of a si	ngle unit?						Yes	N o □
							l be paid o					
If a pers	son to be li s, list the n	isted is an a ame of the	ssociated p broker or d	erson or ag ealer. It m	gent of a broore than five	oker or dea e (5) perso	nection with aler registered ons to be list or dealer on	ed with the ted are ass	SEC and/	or with a s	tate	
Full Name	(Last nam	e first, if in	dividual)									
Business o	r Residen	ce Address	Att there is a state of	authoridation)								5 KI 1 1 KI 10 KI
Name of A	Associated	Broker or			.)				<u>dia dia massa.</u>			
		Yorker of										
States in V	Which Pers	son Listed	Has Solicit	ed or Inter	ds to Solic	it Purchase	ers		<u></u>	<u> </u>	- <u></u>	
(Chec	k "All Sta	tes" or chec	k individua	al States)	***********			***********			A	All States
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[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
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		ce Address			City, State	, Zip Code				ande j	et Parer	
		Broker or	Dealer		<u>gandi ya ji gadi ya di di da</u>	<u> Proposition (1997) </u>	- North (N. 1984) 1			<u> </u>		<u> </u>
		son Listed									-	
`		tes" or chec										All States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]		[NC]	[ND]			[OR]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	: (Last nam	ne first, if in	dividual)			<u> </u>		<u></u>				· · · · · · · · · · · · · · · · · · ·
		ce Address			City, State	, Zip Code)	****************		renenses vertures.	· · · · · · · · · · · · · · · · · · ·	
Name of	desisted Necesisted	Broker or										
rame of A	rssociated	DIOKET OF	Dealer									
States in V	Which Per	son Listed	Has Solicit	ed or Inter	nds to Solid	it Purchas	ers					
(Chec	ck "All Sta	tes" or chec	k individu	al States)							[] /	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS $\,$

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity	2,/50,000	\$
	Convertible Securities (including warrants)		ار دروه درون بهرون المعادل الماري الماري الماري الماري المار
	Partnership Interests	\$28.0 to 11.000 to	\$
	Other (Specify S		•
	Total	NET CHARLES AND A COUNTY OF THE COURT	9
	Answer also in Appendix, Column 3. if filing under ULOE.	2,700,000	3
•			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is *'none" or "zero."		A
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	And the second s	\$ -0-
	Non-accredited Investors	renginarian ang unit gagasan kina ang kanalan ang unit	\$ N/A
	Total (for filings under Rule 504 only)		\$ <u></u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.		
	T	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$\frac{1}{2} \text{Fig. 1. The Sect. 1.181} \text{Fig. 1.181}
	Regulation A		\$ 10.75
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$
	Legal Fees.	X	§ 20,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) State filing fees.	X	\$ 1,500
	Total	_	S 21,500

	OFFERING PRICE,	NUMBER OF INVESTORS, ENPENSES AND USI	OF PROCEEDS	
	and total expenses furnished in response to l	the offering price given in response to Part C-Ques Part C-Question 4.a. This difference is the "adjusted	d gross	§2,728;500
5.	each of the purposes shown. If the amount	ross proceed to the issuer used or proposed to be us t for any purpose is not known, furnish an estimate a total of the payments listed must equal the adjusted se to Part C—Question 4.b above.	e and	
			Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees	***************************************	[] \$	_ [] \$
	Purchase of real estate	411-1	S	\$
	Purchase, rental or leasing and installation and equipment		[]\$	[]\$
	Construction or leasing of plant buildings	and facilities	<u> </u>	
	Acquisition of other businesses (including offering that may be used in exchange for issuer museum to a merger)			F-16.
	•			П¢
	Commo Totals			
	Total Payments Listed (column totals added	d)	X 5.	2,728,500
		D. FEDERAL SIGNATURE		
ijĽ	sissuer has duly caused this notice to be sign nature constitutes an undertaking by the issu	ed by the undersigned duly authorized person. If the ter to furnish to the U.S. Securities and Exchange C ton-accredited investor pursuant to paragraph (b)(2)	ommission, upon writt	
35	acr (Print or Type)	Signature, //	Date	
N	noHorizons, Inc.	- Appenhot	March 14, 200) 5
va	me of Signer (Print or Type)	Title of Signer (Print or Type)	· ·	
	bert F. Burlinson	Chief Executive Officer		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)

		E. STATE SIGNATURE	
, I		10.262 presently subject to any of the disqua	
		See Appendix, Column 5, for state resp	oonse.
2.	The undersigned issuer hereby under D (1.7 CFR 239.500) at such times a	• • • •	ny state in which this notice is filed a notice on Form.
3.	The undersigned issuer hereby undersigner to offerees.	ertakes to furnish to the state administrators.	upon written request, information famished by the
4.	limited Offering Exemption (ULOE		that must be satisfied to be entitled to the Uniform moderstands that the issuer claiming the availability a satisfied.
	suer has read this notification and knows uthorized person.	the contents to be true and has duly caused thi	is notice to be signed on its behalf by the undersigned
Issuer ((Print or Type)	Signature	Date
Nanol	Horizons, Inc.	Manho	March 14, 2005
Name 6	(Print or Type)	Title (Print or Type)	

Chief Executive Officer

Instruction

Robert F. Burlinson

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
r	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security tend to sell and aggregate on-accredited offering price stors in State offered in state		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Non-Accredit		Amount	Yes	No
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AR								44,5,51	
CA		Salutai Salutai							
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MA									
MI									
MN									
MS									

	•			APP	ENDIX					
	Intend to sell to non-accredited investors in State (Part B-Item 1)		edited offering price a State offered in state		4 Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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МТ										
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WI										

				APPI	ENDIX				
1	1 2 3 4						5 Disqualification		
	to non-a	to sell ccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		under State ULOE (if yes, attach explanation of waiver granted) (Part E-Itern 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR	DESTRIBUTE TO THE STATE OF THE	nukumbun Amil okub Lukukikiki						1	